



## **Jeremy L. Walters, D.P.M.**

### **Foot and Ankle Specialist**

*150 Burnett's Way, Suite 100  
Suffolk, VA 23434  
(757) 547-5145*

*501 Discovery Drive  
Chesapeake, VA 23320  
(757) 547-5145*

*5801 Harbourview Blvd, Suite 200  
Suffolk, VA 23435  
(757) 547-5145*

### **A Message from Your Surgeon:**

We are here to help throughout your recovery! Dr. Jeremy Walters specializes in foot and ankle surgery. He performs hundreds of complex foot and ankle surgeries each year, and we pride ourselves on delivering exceptional care to each of our patients that is tailored to their specific needs and expectations. Recovering from foot and ankle reconstructive surgery is a long process. We are here to help you throughout the entire process. If you are having a problem or concern, we want to hear from you. If you have any questions, we want to hear from you.

Contact information for my team is listed below; please contact us if we can help in any way!

Most Sincerely,

**Jeremy Walters, DPM FACFAS**

**Foot and Ankle Surgeon**

- Breauna Savoy: Patient Care Coordinator to Dr. Walters
  - o Phone Number: 757-547-5145 ext. 2112
- Sarah Parks: Medical Assistant to Dr. Walters
- Katelyn Lyons: Medical Assistant to Dr. Walters
- Hope Gibson: Rad-Tech & Medical Assistant to Dr. Walters



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### Scheduling Surgery

- Breahna Savoy (Dr. Walters Patient Care Coordinator) should contact you within 2-3 days of your office appointment. She will help you to select a date for surgery.
- If you do not hear from Breahna after a couple of days, please call her at (757) 547-5145, ext 4331.
- Many patients will need pre-surgical physicals by their primary care physician. Some patients will also need to obtain a physical from other specialists such as a cardiologist, pulmonologist, etc. This will also often require blood work, EKG and possibly a chest x-ray.
- These appointments must be within no greater than 30 days prior to your surgery date. Breahna will help coordinate these appointments with your other doctors. She will assist with scheduling lab work.

### Preparing for Surgery

- The surgery center or hospital will notify you of your scheduled surgery time *the day before surgery*
  - o They will call and give you the exact time of surgery.
  - o **Don't expect to know the anticipated time of surgery until this phone call.**
    - Make the day of surgery available for the entire day regardless of time.
  - o Many patients prefer to have their surgery performed early in the day. Please keep in mind that the order of surgical cases is based on medical conditions and need.
- Schedule Transportation to and from the location of surgery.
  - o You will need someone to be available to drive you to your location of surgery and transport you home following.
  - o Per Hospital/Surgery Center rules, you will also need to have someone stay with you for the first 24hrs post-surgery. Please have that arranged
- Do not eat or drink after midnight the night before your surgery date!
- Relax and get 8 hours of sleep.



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- Take preemptive plans around your home to address comfort post-surgery for sleeping and easy access to commonly used things for eating and daily hygiene.

### Do I Need to Stop Any Medications Before Surgery?

- Prescription blood thinners should be stopped before surgery.
  - o Aspirin and Plavix are stopped 10 days before surgery.
  - o If these medications or other blood thinners are prescribed by your cardiologist or Primary Care Physician (PCP), you should discuss with them if you are OK to discontinue the medicines, and if other precautions need to be taken.
- Other medications that should be stopped 7-10 days before surgery:
  - o Over the counter anti-inflammatory medications, fish oil, herbal supplements.

## The Day of Surgery

- Be on time. The surgery center will let you know how far in advance to show up when they give you your time of surgery.
- Map your route in advance.
- We typically operate at one (1) of two (2) locations:

Sentara Obici Hospital 2800 Godwin Blvd Suffolk, VA 23434	Sentara Obici Ambulatory Surgery Center 2750 Godwin Blvd Suffolk, VA 23434
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- When you arrive at your location, check in at the front registration desk and fill out any associated paperwork.
- Bring or wear comfortable clothing that you can easily get dressed into with post-surgery.

### \*Nerve Blocks on the Day of Surgery\*:

- We strongly recommend a nerve block for foot and ankle surgery but this option is fully optional.
  - o The anesthesiologist performs this prior to surgery.
  - o A numbing medication is injected around the nerves going to the foot and ankle below the knee. This will make the foot and ankle numb so that you experience less pain following surgery.
  - o This will last 12-24 hours post block.



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#### Driving:

- Generally, we recommend that you not drive for at least the first one-to-two weeks after surgery. You should not drive if you are still taking narcotic pain medication. This recommendation is for surgery on the left foot.
- For surgery on the RIGHT foot, this will be discussed with your surgeon at your pre-operative visit

### **The First Two Weeks Following Surgery**

- You will have a soft dressing applied to your foot and ankle.
  - o This should remain in place. You do NOT need to nor should you remove this unless directed by Dr. Walters or his staff.
  - o If you have been given a CAM boot for your surgery, do not remove this unless directed by Dr. Walters or his staff. You should SLEEP in the boot unless instructed otherwise.
  - o Keep the dressing dry
  - o If you shower, you will need to wrap the leg in a bag and tape securely or purchase a cast cover bag in advance
  - o If your dressing gets wet, call Dr. Walters office immediately.
  - o It can be normal to see some drainage or blood on your dressing in the first 2-3 days following surgery. If you see drainage bigger than the size of a half dollar, call Dr. Walters office immediately.
  - o Refer to your postoperative instruction sheet for additional instructions
- You will be seen in the office by Dr. Walters or one of his team members 10-14 days following surgery



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### Post-Operative Medications:

- Narcotic Pain Medication (Percocet, Norco, Vicodin): You should plan to take this medication as needed. Many patients find that they need it regularly for the first two days and then less often afterwards.
  - o We like for our patients to be completely off of narcotic pain medication 2- 3weeks post-surgery.
  - o We encourage our patients to switch to over-the-counter Tylenol during this time point, taking it during the day hours in place of narcotics as needed. Tylenol should NOT be taken in addition to narcotic medication
  - o Max dosage of Tylenol is 4,000mg/day. There is 325mg of Tylenol in each pill of Percocet and Norco. 300mg in Vicodin. If you switch to Tylenol during the day, and still take pain medication at night or the morning, keep track of the amount.
- Non-Steroidal Anti-Inflammatory Drugs: If a physician (typically Cardiologist or PCP) HAS NOT prohibited you from taking NSAIDs like, Advil, Aleve, Motrin, Ibuprofen, you can take these medications post-op to help decrease swelling and pain.
  - o You should not take them at the same time as your pain medication.
    - For example: Take them 2-3hrs after your dose of pain medication.
  - o Take as directed on bottle.
- Anti-Nausea: If you typically get nausea post-anesthesia or from pain medication, make Dr. Walters and the OR staff aware of this. He can prescribe Zofran to help your nausea
- Stool softener: You will be given a prescription for Colace, a stool softener, if you request.
- Vitamin-C: Increased levels of Vitamin-C consumption post-surgery has been shown to alter pain perception, and helps to keep your immune system strong.
  - o Find 1,000mg packets of Vit-C powder supplement at a local pharmacy.
  - o You can take one with breakfast, lunch, and dinner. Drink plenty of water

~This packet of information is intended to keep you, the patient, informed and up to-date about what to expect from beginning to end. These guidelines are always impacted by your recovery and progression and void of any post-surgical complications. This packet, though detailed, is not intended to be fully inclusive and all-encompassing and could change on a case-by-case basis. ~